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FERENCE & ASSOCIATES LLC

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USPTO FACSIMILE COVER SHEET

To:	Commissioner for Patents
Fax Number:	(571) 273-8300
Date:	July 20, 2007
Pages:	24 pages (including this cover sheet)

MESSAGE:

SYSTEMS AND METHODS FOR WORD PREDICTION
AND SPEECH RECOGNITION
Application No. 09/904,147
Examiner T. E. Shortledge
Art Unit 2654

Amendment Transmittal
Petition and Fee for Extension of Time
Completed Credit Card Payment Form
Amendment

JP920000133US1
(590.074)

FERENCE & ASSOCIATES LLC
Amendment Transmittal

Atty. Docket No. JP920000133US1
(590.074)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of	:	Mori et al.
Serial No.	:	09/904,147 Examiner : T. Shortledge
Filed	:	July 11, 2001 Group Art Unit : 2654
For	:	SYSTEMS AND METHODS FOR WORD PREDICTION AND SPEECH RECOGNITION

HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
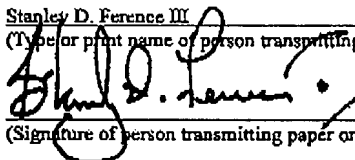Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

OR

2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.

4. ☐ A verified statement to establish Small Entity status is enclosed.

<u>CERTIFICATE OF FACSIMILE TRANSMITTAL</u>

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on <u>July 20, 2007</u> to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III
(Type or print name of person transmitting paper or fee)

(Signature of person transmitting paper or fee)

Page 1 of 2

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Amendment Transmittal

Atty. Docket No. JP920000133US1
(590.074)

5. ☐ Also enclosed:_____

6. ☒ No additional filing fee is required.

7. ☒ The filing fee has been calculated as shown below:

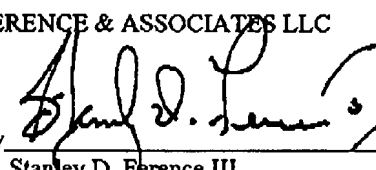|	Claims Remaining After Amendment (Col. 1)		Highest No. Prev. paid for (Col. 2)		Present Extra (Col. 3)		SMALL ENTITY				OTHER THAN A SMALL ENTITY		
							RATE	FEE			RATE	FEE	
Total Claims	18	-	** 21	=	* 0	x	$25	=		O R	x $50	=	0
Ind. Claims	13	-	*** 13	=	* 0	x	$100	=		O R	x $200	=	0
☐ Multiple Dependent Claim Presented						+	$180	=		O R	+ $360	=	
							TOTAL	= $_____		O R	TOTAL	= $0_____	

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for $___ to cover the filing fee.

9. ☐ The Commissioner is hereby authorized to charge the $___ filing fee to Deposit Account No. 50-0510.

10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

Dated: July 20, 2007

By _____
Stanley D. Ference III
Reg. No. 33,879

Mailing Address:

Customer No. 35195
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Pittsburgh, Pennsylvania 15143
(412) 741-8400
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